

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**

SERIAL NO

FILING DATE

APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT	
	IND	DEP	IND	DEP	IND	DEP
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

	IND	DEP	IND	DEP	IND	DEP
51		4				
52		4				
53	1					
54		1				
55		1				
56		1				
57		1				
58		1				
59		1				
60		2				
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99						
100						
TOTAL IND.	3					
TOTAL DEP.	19					
TOTAL CLAIMS	22					